

Spokane Family Medicine Center

1234 North Division Street, Suite 200 | Spokane, WA 99202
Phone: (509) 555-0123 | Fax: (509) 555-0124
www.spokanefamilymed.example.com

REFERRAL FOR MASSAGE THERAPY SERVICES

Patient Information

Patient Name: Sarah M. Thompson

Date of Birth: March 15, 1985

Phone: (509) 555-7890

Insurance ID: BCBS-WA-889012345

Referring Provider Information

Physician Name: Dr. Michael R. Chen, MD

NPI Number: 1234567890

Referral Date: November 28, 2025

Diagnosis / Reason for Referral

Primary ICD-10 Code: M54.5 - Low back pain

Secondary ICD-10 Code: M62.830 - Muscle spasm of back

Clinical Notes:

Patient presents with chronic lower back pain of 3 months duration, exacerbated by prolonged sitting at work. Physical examination reveals muscle tension and trigger points in the lumbar paraspinal muscles and quadratus lumborum bilaterally. Patient has not responded adequately to NSAIDs and home stretching program. Recommending massage therapy as part of comprehensive pain management plan.

Treatment Authorization

- | | |
|---|---|
| <input checked="" type="checkbox"/> Therapeutic Massage | <input checked="" type="checkbox"/> Myofascial Release |
| <input checked="" type="checkbox"/> Trigger Point Therapy | <input type="checkbox"/> Lymphatic Drainage |
| <input type="checkbox"/> Craniosacral Therapy | <input checked="" type="checkbox"/> Deep Tissue Massage |

Number of Visits 8 sessions

Authorized: _____

Frequency: 1-2 times per week

Authorization Valid Through: February 28, 2026

Precautions / Contraindications

- Blood thinners - use light pressure
- Pregnancy
- Recent surgery - avoid area: _____
- Other: *Avoid deep pressure directly over L4-L5 region per patient preference*

Referred To

Massage Therapist: Jessica Martinez, LMT

License Number: MA60012345 (WA)

Practice Name: Healing Hands Massage Therapy

Phone: (509) 555-4567

Michael Chen

November 28, 2025

Referring Physician Signature

Date

Referring Provider NPI: 1234567890 | **Tax ID:** 91-1234567 | **DEA:** AC1234567

This referral is valid for the duration specified above. Please send progress notes to the referring physician after every 4 visits or upon completion of treatment plan.

Fax progress notes to: (509) 555-0124

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